

cohort of Scottish service users showed that more than half actually wanted to become drug free. Most got methadone. This year the NTA has released data on 7,000 patients showing that 80 per cent of opiate dependent users wanted to become abstinent. Are we to drown out their voices with a tidal wave of methadone?

Methadone does save lives, it reduces crime and it can improve social functioning. I prescribe it and will continue to do so. However, I have yet to see the evidence that methadone is the best route to abstinence. The DORIS study in Scotland showed it to be the poorest. Services need to get as good at helping clients become drug free as we are at maintaining them on methadone. This is not an either or debate. It is about choice.

There are dozens of papers published now showing improved outcomes from 12-step involvement. There is also research showing that the attitude of the service providers is a major determinant of whether clients actually go to groups like NA. If this article is anything to go by, few of the authors' clients will get the opportunity to achieve what they actually want. Now isn't that sad?

Dr David McCartney, GP with a special interest in addictions, Edinburgh

Answer the questions

In the comment section of *DDN* (8 May, page 9), Drs Carnwath and Ford suggest that there is a backlash within the UK against methadone and cite, amongst other things, my contribution to the debate on harm reduction at the recent Drug Treatment Conference in Glasgow.

If there is a backlash against methadone, it seems to me that this has been created not by commentators, such as myself, but by the reluctance on the part of those who are supporting and prescribing methadone to ensure that we have answers to some pretty basic questions. Such as: how many people do we have on methadone in the UK? How long have they been on it? What progress are these individuals making towards their recovery? And how many are actually coming off methadone?

If we fail to get answers to these basic questions many people will fear that what we face in the UK is the prospect of every greater numbers of drug users being prescribed ever greater amounts of methadone, for ever longer periods of time, at ever greater cost.

Drs Carnwath and Ford clearly take exception to anyone questioning the value of these prescribing practices; however drug users, their families and others are rightfully asking what the policy of widespread methadone maintenance prescribing is actually achieving in terms of drug users eventual rehabilitation.

The answers to these questions needs to be a good deal more revealing than the suggestion that those who are raising the questions should go to Russia to see the effects of alternative drug treatment policies.

Neil McKeganey, Professor of Drug Misuse Research, University of Glasgow

Life without drugs comes first

I am dismayed to read that Dr Michelle Cave believes that service user networks should be campaigning against prohibition in order to facilitate 'the right of someone to use quality drugs safely' (*DDN*, 8 May 2006, page 12).

My experience of service users (and indeed, of being a service user myself) is that most are looking to control or eradicate their drug use. Their priorities are less about the quality, cost and availability of drugs, and more to do with how they can be assisted in dealing with life without drugs.

I encounter people who are looking for help and support around issues such as housing, relationship breakdown, anxiety, detoxification and stabilisation, emotional support needs, dealing with cravings and relapse prevention. Support in areas like these are what is needed. Where such support is lacking, or would benefit from improvement, service users are using their collective power to bring about change.

Dr Cave seems to be suggesting a charter for drug users, rather than service users, which I suggest is a distraction. I would urge service user networks to focus on ensuring that quality support services are being delivered before becoming involved in campaigns against prohibition. I also think it is worth considering the massive amount of damage that is caused to individuals and to society by a drug that is cheap, available and of quantifiable purity – alcohol.

Feel free to pursue your crusade for legalisation Dr Cave, but please don't co-opt the service user movement to that end.

Paul Cavanagh, Bath and North East Somerset Service User Group

Ignored therapy

I would 'care to comment' on Peter O'Loughlin's sanctimonious letter (*DDN*, 24 April, page 9) regarding those of us who believe that cannabis is a relatively safe substance.

Nobody I know with these views believes that cannabis is not detrimental to the minority of users but the same could be said of any other drug. Does he really think that 'upgrading' the law on cannabis will allow us to impart the necessary health promotion message that cannabis can exacerbate mental health problems?

By the same token presumably, Peter O'Loughlin would like to ignore the millions of people who find cannabis useful for therapeutic purposes, but who continue to be criminalised because so called experts regard cannabis as harmful?

Chris Brookes, by email

Email your letters to claire@cjwellings.com or write to: Claire Brown, Editor, DDN, Southbank House, Black Prince Road, London SE1 7SJ. Letters may be edited for reasons of clarity or space.

Notes from the Alliance

Tough on Choice, Tough on the Causes...

Taking a turn in the Alliance's hot seat, Richard Maunders is worried about those already experiencing the sharp end of Tough Choices.

Well, Daren's over in Canada addressing the International Harm Reduction Association conference, so I've taken it upon myself to nick his laptop and scribble a few notes on a subject close to my heart.

By the time you read this article the government's Tough Choices project (an expansion of the Drug Interventions Programme) will be making its presence felt across the country. (See *DDN* cover story, 24 April, page 6; and Daren's column in the same issue, page 7.)

From last month, under Tough Choices you could find yourself whisked into your local police station and tested for illicit drugs, irrespective of whether you have committed an offence or not. If you test positive and then fail to attend a mandatory assessment (for whatever reason) you will then find yourself charged for the offence of non-attendance, regardless of whether you are charged with the original 'offence' or not.

Some may say this is an over-simplified view and that it is cynical to assume that this system will lead to abuse (something we in the West Midlands are all too familiar with). I say it is extremely naïve to believe that it won't.

That the government has introduced this legislation does not surprise those of us who never fell for the New Labour line. What does concern and disappoint me is the number of self-proclaimed humanitarians within the sector who are content to support and even endorse this pernicious legislation.

Some have argued that the Tough Choices program is a worthwhile addition to the treatment realm, in that it provides people an opportunity to access treatment and receive the support they need. Those of us who value users' rights know that there are more ethical and efficacious ways to provide those opportunities.

Coerced treatment is not only immoral but also an extremely poor indicator of positive outcomes. There's a splendid irony in the fact that this ultimate coercion of users comes from a government that never tires of extolling the virtues of choice...

We are not yet in a position to measure the long-term efficacy of DIP with any certainty. What we do know from the government's own evaluation of its initial pilots is that we shouldn't be too optimistic. In Doncaster, for example, only 5 per cent of those tested positive stated that they were less likely to take drugs in the future if they thought they would be tested, and only 11 per cent stated they would be less likely to offend.

It is essential that those of us who remain concerned about users' rights challenge this legislation in any way possible. The Alliance would particularly like to hear from those who have had the misfortune to experience the sharp end of those Tough 'Choices'.

For me, I've just got my fingers crossed Daren doesn't want to press charges for that stolen laptop.

Mallender J., Roberts, E. and Seddon, T. (2002). Evaluation of drug testing in the criminal justice system in three pilot areas, Home Office Findings No. 176. London: Home Office

PS Oh, and congratulations to Cozart shareholders, whose investment almost doubled in value between December and March of this year.

Richard Maunders is an Alliance Advocate for the West Midlands.